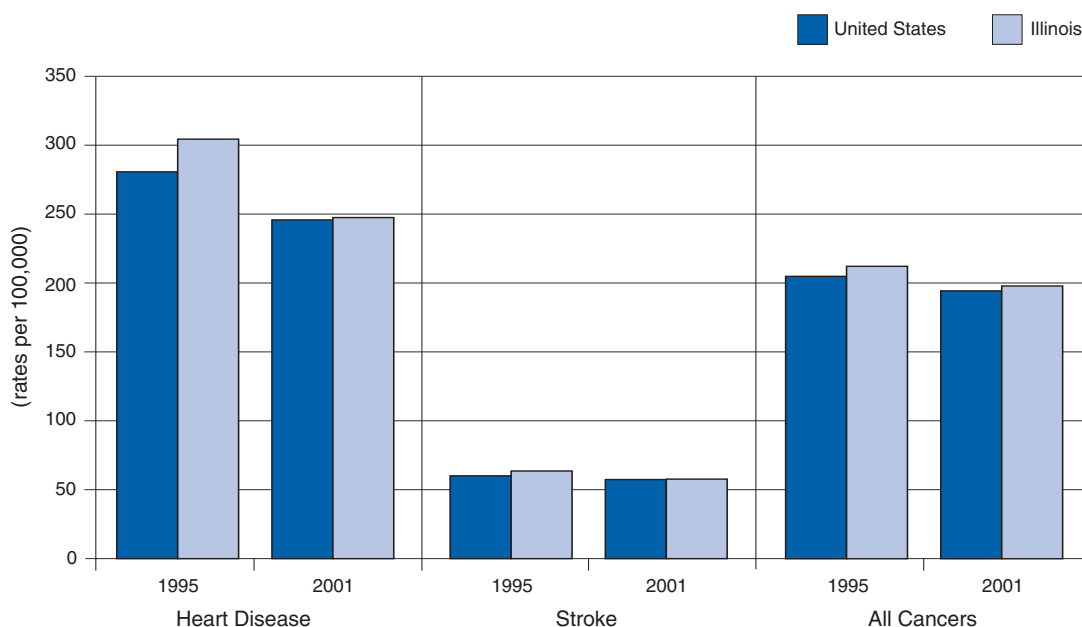


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Illinois, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

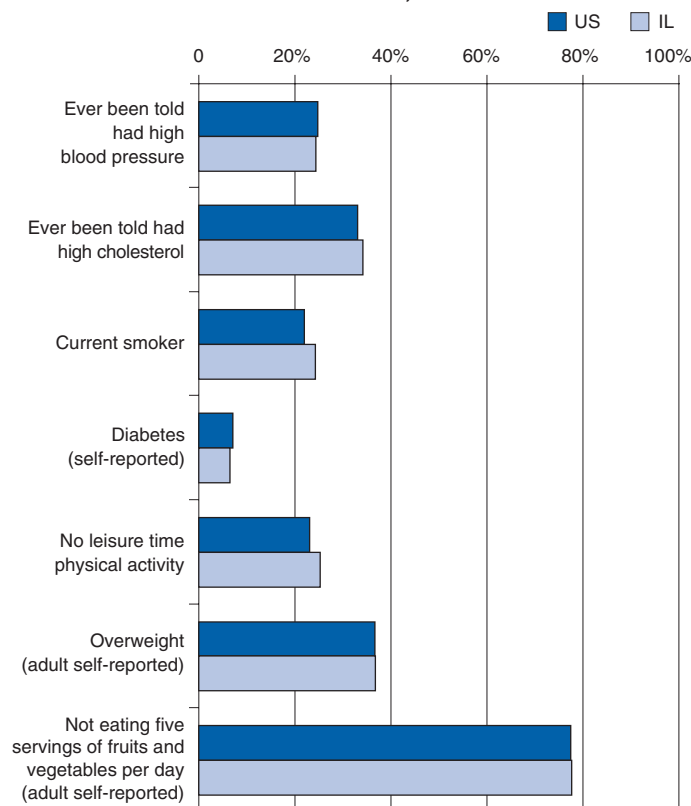
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Illinois, accounting for 30,990 deaths or approximately 29% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 7,230 deaths or approximately 7% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 24,840 are expected in Illinois. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 60,280 new cases that are likely to be diagnosed in Illinois.

Estimated Cancer Deaths, 2004

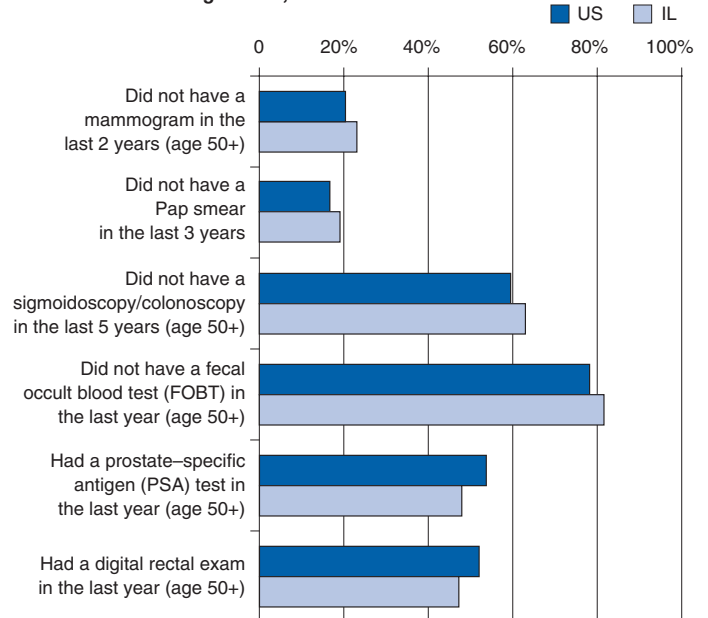
Cause of death	US	IL
All Cancers	563,700	24,840
Breast (female)	40,110	1,790
Colorectal	56,730	2,580
Lung and Bronchus	160,440	6,760
Prostate	29,900	1,290

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Illinois' Chronic Disease Program Accomplishments

Examples of Illinois' Prevention Successes

- Statistically significant decreases in cancer deaths among African American men (437 per 100,000 in 1990 versus 368.8 per 100,000 in 2000).
- A 12.2% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 35.3% in 1992 to 23.1% in 2002).
- A prevalence rate that was lower than the corresponding national rate for African American women older than age 18 who reported not having had a Pap smear in the last 3 years (9.2% in Illinois versus 11.0% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Illinois in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Illinois, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Illinois BRFSS</i>	\$191,983
National Program of Cancer Registries <i>Illinois State Cancer Registry</i>	\$1,405,621
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>RUSH Presbyterian St. Luke's Medical Center</i> <i>Illinois Cardiovascular Health Partnership</i>	\$300,000
Diabetes Control Program <i>Community Health and Diabetes Awareness Program</i>	\$837,825
National Breast and Cervical Cancer Early Detection Program <i>Illinois Breast and Cervical Cancer Early Detection Program</i>	\$3,232,605
National Comprehensive Cancer Control Program <i>Illinois Comprehensive Cancer Control Program</i>	\$150,000
WISEWOMAN <i>Women With Heart</i>	\$1,000,000
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Illinois Tobacco Prevention and Control Program</i>	\$1,618,423
State Nutrition and Physical Activity/Obesity Prevention Program <i>Legislative Fitness Day</i> <i>PE Curriculum Improvement/Equipment Distribution (Program Un-named)</i> <i>Women's Health Grants Program</i> <i>Well Workplace Award Illinois Achievement Award Well City, USA Award Educational Programs</i>	\$409,357
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>Access Community Health Network</i> <i>Chicago Department of Health</i> <i>University of Illinois at Chicago</i>	\$900,425 \$908,806 \$915,913
Total	\$11,870,958

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Illinois that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease and Obesity

More than 42,000 Illinois residents die annually from cardiovascular disease (CVD). Each year, more Illinois residents die from CVD than from the next six leading causes of death—cancer, unintentional injuries, lung disease, pneumonia, influenza, and diabetes—combined. Unfortunately, this trend does not appear to be reversing, as the number of annual deaths from CVD in Illinois has remained virtually unchanged for the last 10 years.

Like much of the United States, in Illinois there is a disparity between whites and other racial and ethnic groups in CVD death rates. In Illinois, members of these groups die from CVD at a higher rate than their white counterparts. The death rates for these groups also consistently exceed the U.S. average for nonwhite CVD deaths.

In addition, 88% of all Illinois residents possess at least one risk factor for CVD. Almost one third have two risk factors and 12% have three risk factors. One particularly damaging risk factor, obesity, is prominent in the state, and is related to the rates of physical inactivity and poor nutrition. At least 3.6 million adult Illinois residents—66% of men and 57% of women—are mildly, moderately, or severely obese. Data from CDC's 2003 Behavioral Risk Factor Surveillance System indicate that only 22.3% of adults in Illinois consumed 5 or more servings of fruits and vegetables per day and 25.3% of adults in Illinois were physically inactive.

In Illinois, the financial costs of CVD and obesity are enormous. The state's total inpatient hospital charges for CVD approach \$4 billion annually. The annual cost to taxpayers under the Medicaid program for CVD totals more than \$240 million. In addition, health care costs attributed to obesity approach \$700 million annually, with the highest costs among those with type 2 diabetes (a risk factor for cardiovascular disease that often coincides with obesity).

Illinois has created the Illinois Cardiovascular Disease Prevention Task Force to reverse these trends. The task force will focus on promoting secondary prevention through surveillance and the monitoring of blood cholesterol and blood pressure levels. It also will encourage education for Illinois residents about how to reduce CVD risk factors, with emphasis on the importance of maintaining physical activity and proper nutrition to reduce obesity rates.

Text adapted from The Burden of Cardiovascular Disease and Obesity in the State of Illinois (June 30, 2000).

Disparities in Health

The racial and ethnic demographics of Illinois mirror those of the United States, with whites representing approximately 73% of the state's population, African Americans, 15%, and Hispanics, 12%. As with the United States in general, minority populations in Illinois have higher prevalence rates of chronic diseases, including heart disease, diabetes, and cancer, and of the risk factors for these diseases.

Data from CDC's 2003 Behavioral Risk Factor Surveillance System indicate that African Americans in Illinois are more likely to report having been told by a doctor that they have diabetes (12.0%, compared with 6.6% of Hispanics and 6.2% of whites) and Hispanics are more likely to report not meeting the recommended guidelines for moderate physical activity (63.4% of Hispanics, compared with 59.6% of African Americans and 55.5% of whites). African Americans and Hispanics are also more likely to report being obese than whites (27.1% of African Americans and 27.8% of Hispanics, compared with 22.5% of whites). All of these risk factors contribute to higher rates of death due to heart disease, stroke, and cancer.

In addition, CDC mortality data indicate that African Americans in Illinois are more likely to die from cancer than whites or Hispanics. In 2000, more African American men died from cancer (368.8 per 100,000) than white men (254.7 per 100,000) or Hispanic men (155.5 per 100,000). That same year, the rate of cancer deaths among African American women (226.1 per 100,000) was higher than the rate among white women (175.2 per 100,000) and among Hispanic women (94 per 100,000).

In February 2004, the governor of Illinois announced the creation of new statewide initiatives to begin to address these health disparities. The plan proposes \$3 million for Health Vision for Illinois, which will focus on prevention, promotion, protection, and the provision of more effective health care services.

Other Disparities

- **Breast Cancer:** Even though African American women in Illinois are as likely to report having had a mammogram in the last 2 years as white women are, they have higher rates of death from breast cancer than white women (40.4 per 100,000 for African American women versus 28.5 for white women).
- **Heart Disease:** From 1996 to 2000, African Americans in Illinois have higher rates of death due to heart disease (709 per 100,000 for African Americans, compared with 531 per 100,000 for whites).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
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